

Case Number:	CM14-0188083		
Date Assigned:	11/18/2014	Date of Injury:	04/18/2007
Decision Date:	01/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 44-year-old female with a 4/18/07 date of injury. At the time (10/28/14) of the Decision for Physical therapy for the left hip and thoracic spine, there is documentation of subjective (low back pain radiating to left buttock, lateral thigh, posterior thigh and calf) and objective (tenderness over left thigh, decreased lumbar range of motion, and absent lower extremity reflexes) findings, current diagnoses (cervical discopathy/cervicalgia, low back pain, lumbar radiculopathy, and post laminectomy syndrome), and treatment to date (medications). It cannot be determined if this is a request for initial or additional physical therapy for the left hip and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy for the left hip and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Hip & Thigh and Low Back, Physical Therapy (PT)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprains and strains of thigh not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical discopathy/cervicalgia, low back pain, lumbar radiculopathy, and post laminectomy syndrome. However, given documentation of a 4/18/07 date of injury, where there would have been an opportunity to have had previous physical therapy, it is not clear if this is a request for initial or additional (where physical therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) physical therapy. In addition, given no documentation of subjective/objective findings pertaining to the hip and thoracic spine, there is no documentation of functional deficits and functional goals. Furthermore, there is no documentation of the number of physical therapy treatments requested. Therefore, based on guidelines and a review of the evidence, the request for physical therapy for the left hip and thoracic spine is not medically necessary.